PTO/SB/06 (08-03)
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	PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number		
	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL I	ENTITY	OR OR		R THAN ENTITY
		FOR	NUMB	NUMBER FILED		NUMBER EXTRA		RATE	FEE]	RATE	FEE
	BASIC FEE (37 CFR 1.16(a))			,					,	OR	10.12	3
	TO	TAL CLAIMS CFR 1.16(c))	14	minus 2			1	x s •				
	IND	EPENDENT CLAI CFR 1.16(b))	MS 2	minus				x s		OR OR	X \$	
			ENT CLAIM PRESE					+1 *		OR	+5 =	
	* If the difference in column 1 is less than zero, enter *0" in column 2.							TOTAL				
								TOTAL	·	OR	TOTAL	
	CLAIMS AS AMENDED - PART II									00	OTHER	THAN
9 06		· · · · · · · · · · · · · · · · · · ·	(Column 1)	Column 1)		(Column 2) (Column 3)		SMALL E	NTITY	OR I	SMALL	ENDITY
	AENDMENT A		REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
		Total (37 CFR 1.15(c))	13	Minus	" 20		Ц	-X:\$=		OR	x ;	
		Independent (37 CFR 1.18(b))	. 3	Minus	" 3	-//		X \$=		OR	x's	
	AMI	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))						+5		OR	+-	
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
	(Column 1) (Column 2) (Column 3)							•			/	
	ENT B	9/14/6	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	ENDM	Total (37 CFR 1.16(c))	. 13	Minus	<i>"2</i> 0	• /		x \$=		OR	x s=/	
		independent (17 CFR 1,15(b))	. 3	Minus	3	• /		X \$=		OR	x s	
	AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+s=		OR	+,/•	
	•						•	TOTAL ADD'L FEE		OR /	TOTAL ADD'L FEE	
	(Column 1) (Column 2) (Column 3)							•		/	•	
·	DMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	툂	Total (37 CFR 1.15(c))	•	Minus	••		ſ	x s=		OR	x s=	
	핆	independent (37 CFR 1.16(b))	•	Minus	***	=		X 8 #		OR	x s=	
	AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+s=		OR	+ 5 =	
ſ								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
	• If the entry in column 1 is less than the entry in column 2, write "0" in column 3, • If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"											
L	•••	If the "Highest N	lumber Previously Imber Previously P	Paid For	IN THIS SPACE I	s less than 3 em	der *	3°	ne appropriate	bax in ea	lumn 1.	

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The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.